EXHIBIT C

Estate of Geoffrey Cloud

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

NEW YORK CITY
ARTMENT OF HEALTH

2001 OCT -4 P 4: 20
DATE FILED

CERTIFICATE OF DEATH

Certificate No. 156-01-045085

1. NAME OF DECEASED: Geoffrey (First Name) W. (Middle Name) Cloud (Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the O.C.M.E.)

2. PLACE OF DEATH: NEW YORK CITY; 2a. BOROUGH: Manhattan; 2b. Name of hospital or other facility if not facility, street address: World Trade Center; 2c. If in Hospital or Other Facility: 1 ☐ DOA ☐ Outpatient 2 ☐ Emerg. ☐ Inpatient; 2d. If Inpatient, Date of current admission: Month / Day / Year

3. DATE AND HOUR OF DEATH OR FOUND DEAD: 3a. (Month) (Day) (Year) September 11, 2001; 3b. Hour; ☒ AM ☐ PM; 4. SEX: MALE; 5. APPROXIMATE AGE: 36 Years

6. DEATH WAS CAUSED BY: Enter only one cause per line — INTERVAL BETWEEN ONSET AND DEATH

PART 1
- a. Immediate cause: Physical Injuries, (Body Not Found)
- b. Due to or as a consequence of:
- c. Due to or as a consequence of:

PART 2
- d. Other significant conditions: contributing to death but not resulting in the underlying cause given in part 1

7a. INJURY: DATE (Month) (Day) (Year): September 11, 2001; 7b. Time: ☒ AM ☐ PM; 7c. AT WORK: 1 ☒ Yes 2 ☐ No; 7d. PLACE OF INJURY - At home, Farm, Street, etc.: Office Building; 7e. LOCATION: World Trade Center

7f. HOW INJURY OCCURRED: Office Worker Killed in World Trade Center Disaster

8. Manner of Death: ☐ Pending Further Study ☐ Natural ☐ Accident ☒ Homicide ☐ Suicide ☐ Undetermined

9. Autopsy: ☐ Yes ☐ No Autopsy Pursuant to Law ☒ No Autopsy

10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated.
Certifier Signature: [signature] M.D.
Date: October 4, 2001
Name (Print): Charles S. Hirsch, M.D.

11. M.E. Case No: 0X0130417; 12a. Date Pronounced Dead (Month) (Day) (Yr) (if different from 3a); 12b. Time: ☐ AM ☐ PM

PERSONAL PARTICULARS (To be filled in by Funeral Director, or in case of City Burial, by O.C.M.E.)

13. Usual Residence: a. State CT; 13b. County: Fairfield; 13c. City, Town, or Location: Stamford; 13d. Street & House No.: 60 Westover Ave.; Zip: 06902; Apt. No.; 13e. Inside City Limits of Tc: ☒ Yes ☐ No

14. Served in U.S. Armed Forces: No ☒ Yes ☐ Specify Years From To

15. Marital Status (Check One): ☐ Never married ☐ Widowed ☒ Married or separated ☐ Divorced

16. Name of Surviving Spouse (If wife, give maiden name): Mio Hirano

17. Date of Birth of Decedent (Month) (Day) (Year): 08/05/65; 18. Age at last birthday: 36; If under 1 year: mos. days; If less than 1 day: hours mins.; 19. Social Security No.: 034-62-2764

20a. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired): Attorney; 20b. Kind of business or industry: Securities Brokerage

21. Birthplace (City & State or Foreign Country): Framingham, Massachusetts; 22. Education (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 6; 23. Other name(s) by which decedent was known: Geoff

24. NAME OF FATHER OF DECEDENT: Peter Cloud; 25. MAIDEN NAME OF MOTHER OF DECEDENT: Bette White

26a. NAME OF INFORMANT: Mio E. Cloud; 26b. RELATIONSHIP TO DECEASED: Wife; 26c. ADDRESS (CITY) (STATE) (ZIP): 60 Westover Ave., Stamford, CT 06902

27a. NAME OF CEMETERY OR CREMATORY; 27b. LOCATION (City, Town, State and Country); 27c. DATE OF BURIAL OR CREMATION

28a. FUNERAL ESTABLISHMENT; 28b. ADDRESS

VR10(1/94) (9/01) VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Steven P. Schwartz

Steven P. Schwartz, Ph.D., City Registrar

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DATE ISSUED: OCT 5, 2001

DOCUMENT No. F 354647

Estate of Robert William Hamilton

THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

APPROVED FOR FILING BY COMM'R OF HEALTH JUL 26 2002 Deputy City Registrar DK Booth

Y260494

ORIGINAL FILED

Apr 11, 2002
DATE FILED

AMENDED CERTIFICATE OF DEATH

Certificate No. 156-01-062946

1. NAME OF DECEASED (Type or print): Robert (First Name) W. (Middle Name) Hamilton (Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the O.C.M.E.)

2 PLACE OF DEATH	NEW YORK CITY 2a. BOROUGH: Manhattan	2b Name of hospital or other facility if not facility, street address: World Trade Center	2c If in Hospital or Other Facility: 1 ☐ DOA 3 ☐ Outpatient 2 ☐ Emerg 4 ☐ Inpatient	2d If inpatient, date of current admission: Month / Day / Year
3 DATE AND HOUR OF DEATH OR FOUND DEAD	3a (Month) (Day) (Year): September 11, 2001	3b Hour	☒ AM ☐ PM	4 SEX: MALE
5 APPROXIMATE AGE: 43 Years				

6 DEATH WAS CAUSED BY: Enter only one cause per line — INTERVAL BETWEEN ONSET AND DEATH

PART 1
- a Immediate cause: BluntTrauma
- b Due to or as a consequence of:
- c Due to or as a consequence of:

PART 2
- d Other significant conditions contributing to death but not resulting in the underlying cause given in part 1:

7a INJURY DATE (Month) (Day) (Year): September 11, 2001	7b TIME ☒ AM ☐ PM	7c. AT WORK 1 ☒ Yes 2 ☐ No	7d PLACE OF INJURY- At home, Farm, Street, etc: Office Building
			7e LOCATION: World Trade Center

7f HOW INJURY OCCURRED: Firefighter Responding to World Trade Center Disaster

8 Manner of Death: ☐ Pending Further Study ☒ Homicide ☐ Natural ☐ Suicide ☐ Accident ☐ Undetermined

9 Autopsy: ☐ Yes ☐ No Autopsy Pursuant to Law ☒ No Autopsy

10 On the basis of examination and/or investigation In my opinion, death occurred due to the causes and manner as stated
Certifier Signature Mark Flowers for M.D.
Date: June 28, 2002
Name (Print) John A. Hayes, M.D.
Medical Examiner

11 M E Case No: DM0117789

12a Date Pronounced Dead (Month) (Day) (Yr) (if different from 3a)

12b Time ☐ AM ☐ PM

PERSONAL PARTICULARS (To be filled in by Funeral Director, or in case of City Burial, by O C M E)

13 Usual Residence a State: NY	13b County: Orange	13c City, Town, or Location: Washingtonville	13d Street & House No: 35 Rena Marie Circle	Zip: 10992 Apt No	13e Inside City Limits of 13c ☐ Yes ☒ No

14 Served in U.S. Armed Forces ☒ No ☐ Yes Specify Years ☐ From ☐ To	15 Marital Status (Check One) ☐ Never married ☐ Widowed ☒ Married or separated ☐ Divorced	16 Name of Surviving Spouse (If wife, give maiden name): Elizabeth Brogna

17 Date of Birth of Decedent (Month) (Day) (Year): 01/16/1958	18 Age at last birthday: 43	If under 1 year: mos / days	If less than 1 day: hours / mins	19 Social Security No: 097-54-8638		
20a Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired): Firefighter				20b Kind of business or industry: Public Safety		
21 Birthplace (City & State or Foreign Country): Queens, NY	22 Education (Specify only highest grade completed) Elementary/Secondary (0-12): 12 / College (1-4 or 5+)			23 Other name(s) by which decedent was known		
24 NAME OF FATHER OF DECEDENT: Robert John Hamilton				25 MAIDEN NAME OF MOTHER OF DECEDENT: Arlene Wood		
26a NAME OF INFORMANT: Elizabeth Hamilton	26b RELATIONSHIP TO DECEASED: Wife			26c ADDRESS (CITY) (STATE) (ZIP): 35 Rena Marie Circle, Washingtonville, NY 10992		
27a NAME OF CEMETERY OR CREMATORY: ST MARY'S CEMETERY	27b LOCATION (City, Town, State and Country): WASHINGTONVILLE NY			27c DATE OF BURIAL OR CREMATION: JULY 12, 2002		
28a FUNERAL ESTABLISHMENT: David T. Ferguson F.H.	28b ADDRESS: 20 NORTH ST WASHINGTONVILLE NY 10992					

Gretchen Mac Wye, Ph.D., City Registrar as of 9/1/18

VR16(1/94) (9/01) VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene is not responsible for the statements made thereon, as no inquiry as to the facts has been provided by law.

Steven P. Schwartz, M.D., M.P.H., City Registrar

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June 19, 2020

R04427103

Estate of Donald W. Jones

THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

CERTIFICATE OF DEATH

Certificate No. 156-01-049952

NEW YORK CITY DEPARTMENT OF HEALTH

2001 OCT 26 P 3:03
DATE FILED

1. NAME OF DECEASED (Type or print): Donald (First Name) W. (Middle Name) Jones (Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the O.C.M.E.)

2. PLACE OF DEATH	2a. BOROUGH: NEW YORK CITY, Manhattan	2b. Name of hospital or other facility if not facility, street address: World Trade Center	2c. If in Hospital or Other Facility: 1 ☐ DOA ☐ Outpatient 2 ☐ Emerg 4 ☐ Inpatient	2d. If inpatient, date of current admission: Month / Day / Year
3. DATE AND HOUR OF DEATH OR FOUND DEAD	3a. (Month) (Day) (Year): September 11, 2001	3b. Hour: ☒ AM ☐ PM	4. SEX: MALE	5. APPROXIMATE AGE: 43 Years

6. DEATH WAS CAUSED BY: Enter only one cause per line — INTERVAL BETWEEN ONSET AND DEATH

PART 1
- a. Immediate cause: Physical Injuries. (Body Not Found)
- b. Due to or as a consequence of:
- c. Due to or as a consequence of:

PART 2
- d. Other significant conditions: contributing to death but not resulting in the underlying cause given in part 1

7a. INJURY: DATE (Month) (Day) (Year): September 11, 2001	7b. Time: ☒ AM ☐ PM	7c. AT WORK: 1 ☒ Yes 2 ☐ No	7d. PLACE OF INJURY- At home, Farm, Street, etc.: Office Building
			7e. LOCATION: World Trade Center

7f. HOW INJURY OCCURRED: Office Worker Killed in World Trade Center Disaster

8. Manner of Death: ☐ Pending Further Study ☐ Natural ☐ Accident ☒ Homicide ☐ Suicide ☐ Undetermined	9. Autopsy: ☐ Yes ☐ No Autopsy Pursuant to Law ☒ No Autopsy	10. On the basis of examination and/or investigation. In my opinion, death occurred due to the causes and manner as stated. Certifier Signature: Charles S. Hirsch M.D. Date: October 25, 2001 Name (Print): Charles S. Hirsch, M.D.
11. M.E. Case No.: DX0100062	12a. Date Pronounced Dead (Month) (Day) (Yr) (If different from 3a)	12b. Time: ☐ AM ☐ PM

PERSONAL PARTICULARS (To be filled in by Funeral Director, or in case of City Burial, by O.C.M.E.)

13. Usual Residence: a. State PA	13b. County: Bucks	13c. City, Town, or Location: Fairless Hills	13d. Street & House No.: 517 Fairhurst Road; Zip: 19030; Apt. No	13e. Inside City Limits of 7c: ☒ Yes ☐ No
14. Served in U.S. Armed Forces: ☐ No ☐ Yes Specify Years ☒ From To	15. Marital Staus (Check One): ☐ Never married ☐ Widowed ☒ Married or separated ☐ Divorced	16. Name of Surviving Spouse (If wife, give maiden name): Susan Ann Burns		
17. Date of Birth of Decedent (Month) (Day) (Year): 08/27/58	18. Age at last birthday: 43	if under 1 year: mos / days; if less than 1 day: hours / mins	19. Social Security No.: 160-52-7710	
20a. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired): Bond Trader			20b. Kind of business or industry: Securities	
21. Birthplace (City & State or Foreign Country): Bristol Bucks County, PA	22. Education (Specify only highest grade completed): Elementary/Secondary (0-12); College (1-4 or 5+): 4		23. Other name(s) by which decedent was known: Donny	
24. NAME OF FATHER OF DECEDENT: John R. Jones		25. MAIDEN NAME OF MOTHER OF DECEDENT: Audrey Carango		
26a. NAME OF INFORMANT: Susan Jones	26b. RELATIONSHIP TO DECEASED: Wife	26c. ADDRESS (CITY) (STATE) (ZIP): 517 Fairhurst Rd., Fairless Hills, PA 19030		
27a. NAME OF CEMETERY OR CREMATORY	27b. LOCATION (City, Town, State and Country)	27c. DATE OF BURIAL OR CREMATION		
28a. FUNERAL ESTABLISHMENT	28b. ADDRESS			

VR16(1/94) (9/01) VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

The City of New York

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Steven P. Schwartz, Ph.D., City Registrar

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DATE ISSUED OCT. 26, 2001 DOCUMENT No. F377110

DEPARTMENT OF HEALTH THE CITY OF NEW YORK

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Estate of Martin Paul Michelstein

THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

Y260787

APPROVED FOR FILING BY COMM'R OF HEALTH AUG 13 2002

Deputy City Registrar
E. Timbers

AMENDED CERTIFICATE OF DEATH

Certificate No. 156-01-050153

ORIGINAL FILED
Oct 27, 2001
DATE FILED

1. NAME OF DECEASED (Type or print): Martin (First Name) Paul (Middle Name) Michelstein (Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the O.C.M.E.)

2. PLACE OF DEATH: NEW YORK CITY; 2a. BOROUGH: Manhattan
2b. Name of hospital or other facility if not facility, street address: World Trade Center
2c. If in Hospital or Other Facility: 1 ☐ DOA 3 ☐ Outpatient 2 ☐ Emerg. 4 ☐ Inpatient
2d. If inpatient, date of current admission: Month / Day / Year

3. DATE AND HOUR OF DEATH OR FOUND DEAD
3a. (Month) (Day) (Year): September 11, 2001
3b. Hour
☒ AM ☐ PM
4. SEX: MALE
5. APPROXIMATE AGE: 57 Years

6. DEATH WAS CAUSED BY: Enter only one cause per line — INTERVAL BETWEEN ONSET AND DEATH

PART 1
a. Immediate cause: Blunt Trauma.
b. Due to or as a consequence of:
c. Due to or as a consequence of:

PART 2
d. Other significant conditions contributing to death but not resulting in the underlying cause given in part 1:

7a. INJURY: DATE (Month) (Day) (Year): September 11, 2001
7b. TIME ☒ AM ☐ PM
7c. AT WORK 1 ☒ Yes 2 ☐ No
7d. PLACE OF INJURY- At home, Farm, Street, etc.: Office Building
7e. LOCATION: World Trade Center
7f. HOW INJURY OCCURRED: Visitor Killed in World Trade Center Disaster

8. Manner of Death: ☐ Pending Further Study ☒ Homicide ☐ Natural ☐ Suicide ☐ Accident ☐ Undetermined
9. Autopsy: ☐ Yes ☐ No Autopsy Pursuant to Law ☒ No Autopsy
10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated:
Certifier Signature: Stephany Frid M.D.
Date: November 16, 2001
Name (Print) Frede Frederic, M.D. Sue Dr. Frederic
Medical Examiner

11. M.E. Case No.: DM0106886
12a. Date Pronounced Dead (Month) (Day) (Yr) (if different from 3a)
12b. Time ☐ AM. ☐ PM.

PERSONAL PARTICULARS (To be filled in by Funeral Director, or in case of City Burial, by O.C.M.E.)

13. Usual Residence a. State: NJ
13b. County: Morris
13c. City, Town, or Location: Morristown
13d. Street & House No.: 11 Robertson Court
Zip: 07960
Apt. No:
13e. Inside City Limits of 13c ☒ Yes ☐ No

14. Served in U.S. Armed Forces: No ☐ Yes ☒ Specify Years From 0462 To
15. Marital Status (Check One): ☐ Never married ☐ Widowed ☒ Married or separated ☐ Divorced
16. Name of Surviving Spouse (If wife, give maiden name): Anne McNeil

17. Date of Birth of Decedent (Month) (Day) (Year): 04/16/1944
18. Age at last birthday: 57
If under 1 year: mos. / days
If less than 1 day: hours / mins
19. Social Security No.: 070-34-4692

20a. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired): Insurance Executive
20b. Kind of business or industry: Insurance

21. Birthplace (City & State or Foreign Country): Manhattan, New York
22. Education (Specify only highest grade completed): Elementary/Secondary (0-12): 12 / College (1-4 or 5+):
23. Other name(s) by which decedent was known:

24. NAME OF FATHER OF DECEDENT: Morris Michelstein
25. MAIDEN NAME OF MOTHER OF DECEDENT: Rose Snadowitz ✓

26a. NAME OF INFORMANT: Anne C. McNeil
26b. RELATIONSHIP TO DECEASED: Wife
26c. ADDRESS (CITY) (STATE) (ZIP): 11 Robertson Court, Morristown, NJ 07960

27a. NAME OF CEMETERY OR CREMATORY: St. Bernard's Cemetery
27b. LOCATION (City, Town, State and Country): Concord, Mass.
27c. DATE OF BURIAL OR CREMATION: June 22, 2002

28a. FUNERAL ESTABLISHMENT: Joseph Dee & Son Funeral Service
28b. ADDRESS: 33 Bedford Street Concord, Mass. 01742

VR16(1/94) (9/01) VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

Gretchen Van Wye
Gretchen Van Wye, Ph.D., City Registrar as of 9/1/18

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July 29, 2020

Steven P. Schwartz
Steven P. Schwartz, Ph.D., City Registrar

R04408401

The City of New York

DEPARTMENT OF HEALTH AND MENTAL HYGIENE THE CITY OF NEW YORK

Estate of Walwyn Wellington Stuart, Jr.

THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

Y280658

APPROVED FOR FILING BY COMM'R OF HEALTH NOV 30 2004 DEPUTY COMMISSIONER J. Barnewall

ORIGINAL FILED

Apr 11, 2001
DATE FILED

AMENDED CERTIFICATE OF DEATH

Certificate No. 156-01-062956

1. NAME OF DECEASED (Type or print): Walwyn (First Name) Wellington (Middle Name) Stuart, Jr. (Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the O.C.M.E.)

2 PLACE OF DEATH: NEW YORK CITY; 2a BOROUGH: Manhattan; 2b. Name of hospital or other facility if not facility, street address: World Trade Center; 2c If in Hospital or Other Facility: 1 ☐ DOA 2 ☐ Emerg 3 ☐ Outpatient 4 ☐ Inpatient; 2d If inpatient, date of current admission: Month / Day / Year

3 DATE AND HOUR OF DEATH OR FOUND DEAD: 3a (Month) (Day) (Year): September 11, 2001; 3b Hour; ☒ AM ☐ PM; 4 SEX: MALE; 5 APPROXIMATE AGE: 28 Years

6 DEATH WAS CAUSED BY: Enter only one cause per line — INTERVAL BETWEEN ONSET AND DEATH

PART 1
- a Immediate cause: Blunt Trauma
- b Due to or as a consequence of:
- c Due to or as a consequence of:

PART 2
- d Other significant conditions contributing to death but not resulting in the underlying cause given in part 1

7a. INJURY DATE (Month) (Day) (Year): September 11, 2001; 7b TIME: ☒ AM ☐ PM; 7c AT WORK: 1 ☒ Yes 2 ☐ No; 7d PLACE OF INJURY- At home, Farm, Street, etc: Office Building; 7e LOCATION: World Trade Center

7f HOW INJURY OCCURRED: Port Authority Police Officer Responding to World Trade Center Disaster

8 Manner of Death: ☐ Pending Further Study ☒ Homicide ☐ Natural ☐ Suicide ☐ Accident ☐ Undetermined

9 Autopsy: ☐ Yes ☐ No Autopsy Pursuant to Law ☒ No Autopsy

10 On the basis of examination and/or investigation In my opinion, death occurred due to the causes and manner as stated
Certifier Signature: Mark Flomenhaft M.D. for
Date: October 28, 2004
Name (Print) Karen Turi, M.D.
Medical Examiner

11 M E Case No: DM0116904; 12a. Date Pronounced Dead (Month) (Day) (Yr) (if different from 3a); 12b Time ☐ AM ☐ PM

PERSONAL PARTICULARS (To be filled in by Funeral Director, or in case of City Burial, by O C M E)

13 Usual Residence a State: NY; 13b County: Nassau; 13c City, Town, or Location: Valley Stream; 13d Street & House No: 130 Broadway; Zip: 11580; Apt No; 13e Inside City Limits of 13c: ☒ Yes ☐ No

14 Served in U S Armed Forces: No ☒ Yes ☐ Specify Years From To

15 Marital Status (Check One): ☐ Never married ☐ Widowed ☒ Married or separated ☐ Divorced

16 Name of Surviving Spouse (If wife, give maiden name): Thelma Lewis

17 Date of Birth (Month) (Day) (Year): 02/13/1973; 18 Age at last birthday: 28; if under 1 year mos / days; if less than 1 day hours / mins

19 Social Security No: 117-66-5953

20a Usual Occupation (Kind of work done during most of working lifetime Do not enter retired): Police Officer; 20b Kind of business or industry: Public Safety

21 Birthplace (City & State or Foreign Country): Brooklyn, NY

22 Education (Specify only highest grade completed): Elementary/Secondary (0-12); College (1-4 or 5+): 4

23 Other name(s) by which decedent was known

24 NAME OF FATHER OF DECEDENT: Walwyn Stuart, Sr.

25 MAIDEN NAME OF MOTHER OF DECEDENT: Doris Campbell

26a NAME OF INFORMANT: Thelma C. Stuart; 26b RELATIONSHIP TO DECEASED: Wife; 26c ADDRESS (CITY) (STATE) (ZIP): 130 Broadway, Valley Stream, NY 11580

27a NAME OF CEMETERY OR CREMATORY: Interim Disposition - OCME; 27b LOCATION (City, Town, State and Country): 520 First Avenue, New York, NY 10016; 27c DATE OF BURIAL OR CREMATION

28a FUNERAL ESTABLISHMENT; 28b ADDRESS

Gretchen Van Wye, Ph.D., City Registrar as of 9/1/18

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Steven P. Schwartz, City Registrar

THE CITY OF NEW YORK

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R04371933

February 27, 2020

VR16(1/94) (9/01) VITAL RECORDS DEPARTMENT OF HEALTH

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Estate of Paul Arlan Tegtmeier

CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

RAISED SEAL

NEW YORK CITY DEPARTMENT OF HEALTH

2001 NOV 16 A 9:46

DATE FILED

CERTIFICATE OF DEATH

Certificate No. 156-01-054104

1. NAME OF DECEASED (Type or print): Paul (First Name) A. (Middle Name) Tegtmeier (Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the O.C.M.E.)

2. PLACE OF DEATH	2a. BOROUGH	2b. Name of hospital or other facility if not facility, street address	2c. If in Hospital or Other Facility	2d. If inpatient, date of current admission
NEW YORK CITY	Manhattan	World Trade Center	1 ☐ DOA 3 ☐ Outpatient 2 ☐ Emerg. 4 ☐ Inpatient	Month / Day / Year

3. DATE AND HOUR OF DEATH OR FOUND DEAD	3a. (Month) (Day) (Year)	3b. Hour		4. SEX	5. APPROXIMATE AGE
	September 11, 2001		☒ AM ☐ PM	MALE	41 Years

6. DEATH WAS CAUSED BY: Enter only one cause per line — INTERVAL BETWEEN ONSET AND DEATH

PART 1	a. Immediate cause: Physical Injuries. (Body Not Found)	
	b. Due to or as a consequence of:	
	c. Due to or as a consequence of:	
PART 2	d. Other significant conditions contributing to death but not resulting in the underlying cause given in part 1	

7a. INJURY: DATE (Month) (Day) (Year)	7b. TIME	7c. AT WORK	7d. PLACE OF INJURY- At home, Farm, Street, etc.	7e. LOCATION
September 11, 2001	☒ AM ☐ PM	1 ☒ Yes 2 ☐ No	Office Building	World Trade Center

7f. HOW INJURY OCCURRED: FireFighter Responding to World Trade Center Disaster

8. Manner of Death	9. Autopsy	10. On the basis of examination and/or investigation, In my opinion, death occurred due to the causes and manner as stated:
☐ Pending Further Study ☒ Homicide ☐ Natural ☐ Suicide ☐ Accident ☐ Undetermined	☐ Yes ☐ No Autopsy Pursuant to Law ☒ No Autopsy	Certifier Signature: [signature] M.D. Date: November 15, 2001 Name: Charles S. Hirsch, M.D. (Print) Chief Medical Examiner

11. M.E. Case No.	12a. Date Pronounced Dead (Month) (Day) (Yr) (if different from 3a)	12b. Time
DX0102087		☐ AM ☐ PM

PERSONAL PARTICULARS (To be filled in by Funeral Director, or in case of City Burial, by O.C.M.E.)

13. Usual Residence a. State	13b. County	13c. City, Town, or Location	13d. Street & House No.	Zip	Apt. No	13e. Inside City Limits of 7c
NY	Dutchess	Hyde Park	3 Thurston Lane	12538		☒ Yes ☐ No

14. Served in U.S. Armed Forces	15. Marital Staus (Check One)	16. Name of Surviving Spouse (If wife, give maiden name)
☒ No ☐ Yes Specify Years From To	☐ Never married ☐ Widowed ☒ Married or separated ☐ Divorced	Catherine Greene

17. Date of Birth (Month) (Day) (Year) of Decedent	18. Age at last birthday	if under 1 year: mos. / days	if less than 1 day: hours / mins	19. Social Security No.
03/24/60	41			092-54-6187

20a. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired)	20b. Kind of business or industry
Firefighter	Public Safety

21. Birthplace (City & State or Foreign Country)	22. Education (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)	23. Other name(s) by which decedent was known
Poughkeepsie, NY		4	

24. NAME OF FATHER OF DECEDENT	25. MAIDEN NAME OF MOTHER OF DECEDENT
Richard Tegtmeier	Tarkos

26a. NAME OF INFORMANT	26b. RELATIONSHIP TO DECEASED	26c. ADDRESS (CITY) (STATE) (ZIP)
Catherine M. Tegtmeier	Wife	3 Thurston Lane, Hyde Park, NY 12538

27a. NAME OF CEMETERY OR CREMATORY	27b. LOCATION (City, Town, State and Country)	27c. DATE OF BURIAL OR CREMATION

28a. FUNERAL ESTABLISHMENT	28b. ADDRESS

VR16(1/94) (9/01) VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

The City of New York

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Steven P. Schwartz, Ph.D., City Registrar

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DEPARTMENT OF HEALTH THE CITY OF NEW YORK